

MULTIPLE DENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO	FILING DATE
APPLICANT(S)	

CLAIMS

1	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
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TOTAL IND.	2					
TOTAL DEP.	2					
TOTAL CLAIMS	2					

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TOTAL CLAIMS	2					